



Introduction:

Neurofibromatosis type 1 (NF1) is a genetic disorder in which mutations of the *NF1* gene predispose patients to developing tumors. Many tumors themselves carry mutations in *NF1*, and mutations in *NF1* are associated with resistance to therapeutics and poor treatment outcomes. There are currently no approved treatments for adult patients.

We analyzed a quantitative high throughput screening (qHTS) data set*, consisting of dose/response curves for 1,921 compounds tested against non-tumor reference and plexiform neurofibroma-derived immortalized tumor cells.

We algorithmically combined data per cell line/compound as a score **S** that combines compound effectiveness and potency. By comparing a non-tumor reference to each tumor cell line, we established the single-value ΔS_{mean} which is useful for a cross-compound/cross cell line evaluation and identified a panel of promising compounds. The ΔS analysis may be useful in supporting follow-on pre-clinical development.

* data: <https://www.synapse.org/#!Synapse:syn5522627>

Methods:

In qHTS, dose-response curves may reflect complete or partial effectiveness. For complete responses, AC50 can be used to compare potency of two or more drugs. This form of analysis breaks down with partial responses and partial effectiveness.

To solve this problem, we present ΔS , a novel scoring system inspired by receptor pharmacology and here applied to qHTS of NF1 patient plexiform neurofibroma-derived cell lines.

Algorithm

A single score value, **S**, for each drug/cell line combination is defined as the ratio:

$$S = \log \frac{EFF}{AC50}$$

where drug effectiveness (EFF) is defined as the difference between the response at zero concentration (**Response_{ZERO}**) and at theoretical infinite concentration (**Response_{INF}**):

$$EFF = Response_{ZERO} - Response_{INF}$$

The potency of a compound is defined as the drug concentration at half-maximum response – **AC50**.

The relative effectiveness of a compound is defined as: $\Delta EFF = EFF_{ref}/EFF_{test}$
 The relative potency $\Delta AC50$ of a compound exposed to two cell lines is:

$$\Delta AC50 = \left[\log AC50_{ref} - \log AC50_{test} \right] = \log \frac{AC50_{ref}}{AC50_{test}}$$

Combining relative effectiveness and relative AC50 potency into a single number, ΔS is the difference between the scores **S_{ref}** and **S_{test}**:

$$\Delta S = S_{ref} - S_{test} = \log \left(\frac{EFF}{AC50} \right)_{ref} - \log \left(\frac{EFF}{AC50} \right)_{test}$$

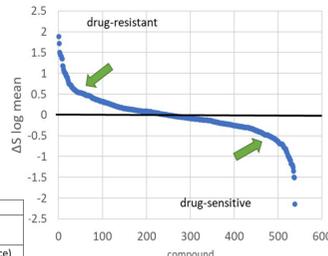
$$\Delta S = \log \left[\left(\frac{EFF_{ref}}{EFF_{test}} \right) \left(\frac{AC50_{test}}{AC50_{ref}} \right) \right] = \log \left(\frac{EFF_{ref}}{EFF_{test}} \right) + \log \left(\frac{AC50_{test}}{AC50_{ref}} \right)$$

ΔS normalizes drug potency and effectiveness into a single value allowing comparison of drugs with complete and partial responses across drug classes and cell lines.

Drug Selection

Drugs for which 3 or more cell lines were “sensitive” (ΔS_{mean} is < 0.5 relative to the reference cell line) are presented as therapeutic candidates. Compounds where 3 or more cell lines are “resistant” (ΔS_{mean} > 0.5) are also presented. ΔS_{mean} is a mean of all ΔS values from each compound/cell line combination, omitting cell lines that did not have dose-response curve R² of at least 0.8

A ranking of all measured compounds by ΔS_{mean} . Positive values represent drug-resistance, and negative represent drug-sensitivity. Values near zero represent identical response in tumor cell lines and the reference. Green arrows mark inflection point near 0.5 and -0.5



| HUMAN CELL LINES USED IN THE ANALYSIS | | | | |
|---------------------------------------|---------------|------------------------|----------------------|-----------------------|
| cell line | immortalized* | source description | neurofibromin status | tumor status |
| ipNF95.11c | yes | Peripheral nerve | -/-, +/- | non-tumor (reference) |
| ipNF06.2A | yes | Plexiform Neurofibroma | -/- | tumor |
| ipNF95.6 | yes | Plexiform Neurofibroma | -/- | tumor |
| ipNF95.11bC_T | yes | Plexiform Neurofibroma | -/- | tumor |
| ipNF05.5 (mixed clone) | yes | Plexiform Neurofibroma | -/- | tumor |

The set of cell lines used in the scoring algorithm, including ipNF95.11c as the reference non-tumor cell line. The other four tumor lines are compared against the reference.

*viral delivery of human TERT and murine CDK4

Results:

Compounds to which NF1 cell lines are sensitive (left table) and resistant (right table)

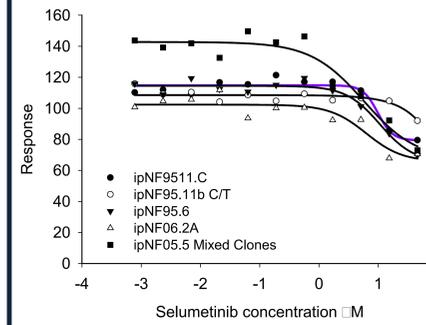
| AS for each cell line tumor cell lines | | | | | | | | | |
|--|--------|----------|-----------|------------|----------|---------|-------------|-----------|----|
| DNA/cell cycle | target | ipNF05.5 | ipNF06.2A | ipNF95.11b | ipNF95.6 | AS mean | AS variance | num_lines | AS |
| MitC1b | CDK1 | 0.69 | 0.42 | 4 | | | | | |
| Docetaxel | CDK1 | 0.59 | 0.05 | 3 | | | | | |
| BMS-305246 | CDK1 | NA | NA | NA | NA | 0.57 | 0.14 | 3 | |
| PMa 690209 | CDK2 | -0.73 | 0.54 | 4 | | | | | |
| CDK-923295 | CDK2 | NA | NA | NA | NA | 0.55 | 0.36 | 3 | |
| SCH-900778 | CDK1 | 1.03 | 0.16 | 4 | | | | | |
| CDK-103 | CDK2 | -0.78 | 0.70 | 4 | | | | | |

| AS for each cell line tumor cell lines | | | | | | | | | |
|--|--------|----------|-----------|------------|----------|---------|-------------|-----------|----|
| DNA/cell cycle | target | ipNF05.5 | ipNF06.2A | ipNF95.11b | ipNF95.6 | AS mean | AS variance | num_lines | AS |
| name | target | ipNF05.5 | ipNF06.2A | ipNF95.11b | ipNF95.6 | AS mean | AS variance | num_lines | AS |
| name | target | ipNF05.5 | ipNF06.2A | ipNF95.11b | ipNF95.6 | AS mean | AS variance | num_lines | AS |

| AS for each cell line tumor cell lines | | | | | | | | | |
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| name | target | ipNF05.5 | ipNF06.2A | ipNF95.11b | ipNF95.6 | AS mean | AS variance | num_lines | AS |

Top compounds displaying drug-sensitivity in NF1 tumor cell lines. Red data bars indicate the ΔS for each cell line respective (left to right) in the row.

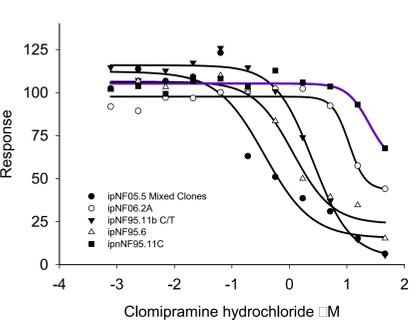
Selumetinib, the only approve NF1 drug has only moderate drug-sensitivity



Selumetinib had a modest drug-sensitivity, the purple line is the reference. The table shows additional modest sensitivity in similar drugs targeting MAPK1 (MEK1 Inhibitors).

Top candidate compounds displaying drug-resistance in NF1 tumor cell lines. Blue data bars indicate the ΔS for each respective cell line (left to right) in each row.

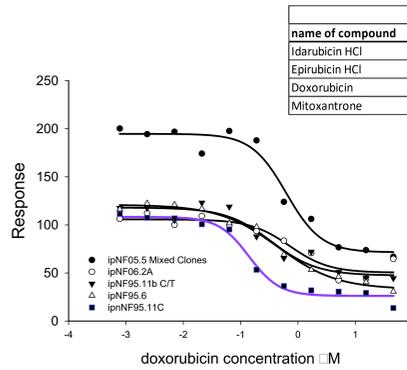
Alternative drugs, like SSRIs have pronounced drug-sensitivity



Clomipramine, a serotonin transport inhibitor drug displays sensitivity in tumor cell lines compared to reference. The purple line in the graph indicates reference cell line. The table shows ΔS_{mean} values for other similar SSRIs.

Results Cont.:

NF1 tumor cells are drug-resistant to anthracyclines, a common chemotherapeutic



| name of compound | target | ipNF05.5 | ipNF06.2A | ipNF95.11b | ipNF95.6 | log mean | variance | cell lines |
|------------------|--------|----------|-----------|------------|----------|----------|----------|------------|
| Idarubicin HCl | TOP2A | NA | NA | NA | NA | 0.9 | 0.03 | 3 |
| Epirubicin HCl | TOP2A | NA | NA | NA | NA | 0.9 | 0.09 | 4 |
| Doxorubicin | TOP2A | NA | NA | NA | NA | 0.6 | 0.05 | 4 |
| Mitoxantrone | TOP2A | NA | NA | NA | NA | 0.6 | 0.08 | 4 |

NF1 tumor lines display resistance to anthracycline-type compounds. Anthracyclines are commonly used for MPNSTs, and other cancers. The purple line in the graph indicates the reference cell line. In the table the blue data bars reflect drug-resistance with positive ΔS values.

| name | target | AS mean | AS variance | cell lines |
|-----------------------|-----------|---------|-------------|------------|
| Secoisolaricresinol | AKT/NFKB1 | -2.15 | 0.09 | 3 |
| Duloxetine HCl | SLC6A4 | -1.17 | 0.21 | 3 |
| Shikonicin | CCR5 | -0.97 | 0.03 | 3 |
| Verteporfin | YAP | -1.03 | 0.12 | 3 |
| 3-Methyladenine | PIK3CA | -1.01 | 0.16 | 3 |
| Tivozanib | FLT1 | -1.22 | 0.38 | 3 |
| AZ 10606120 | P2RX7 | -1.10 | 0.31 | 3 |
| Avesipimycin HCl | HSP90AB1 | -1.37 | 0.65 | 4 |
| SCH-900776 | CHK1 | -1.01 | 0.16 | 4 |
| Varilimbis tosylate | EGFR | -0.92 | 0.35 | 4 |
| Pibosered HCl | HTR4 | -0.87 | 0.51 | 4 |
| A-443654 | AKT1 | -0.82 | 0.04 | 4 |
| Amiodarone | --- | -0.63 | 0.05 | 3 |
| Mycophenolate mofetil | IMPDH1 | -0.62 | 0.06 | 3 |
| Pitavastatin calcium | HMGCR | -0.52 | 0.01 | 3 |
| Erlotinib HCl | EGFR | -0.61 | 0.26 | 3 |
| Avobenzone | --- | -0.56 | 0.20 | 3 |
| AT-7867 | AKT1 | -0.51 | 0.16 | 3 |

| name | target | AS mean | AS variance | cell lines |
|-----------------------|----------|---------|-------------|------------|
| Triciribine phosphate | AKT1 | -1.51 | 0.81 | 3 |
| Clomipramine HCl | SLC6A4 | -1.35 | 0.50 | 4 |
| Geldanamycin | HSP90AB1 | -1.20 | 0.79 | 4 |
| AZ 10606120 | P2RX7 | -1.10 | 0.31 | 3 |
| Avesipimycin HCl | HSP90AB1 | -1.37 | 0.65 | 4 |
| SCH-900776 | CHK1 | -1.01 | 0.16 | 4 |
| Varilimbis tosylate | EGFR | -0.92 | 0.35 | 4 |
| Pibosered HCl | HTR4 | -0.87 | 0.51 | 4 |
| A-443654 | AKT1 | -0.82 | 0.04 | 4 |
| Amiodarone | --- | -0.63 | 0.05 | 3 |
| Mycophenolate mofetil | IMPDH1 | -0.62 | 0.06 | 3 |
| Pitavastatin calcium | HMGCR | -0.52 | 0.01 | 3 |
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High confidence compounds displaying drug-resistance in four NF1 tumor cell lines.

Moderate confidence compounds displaying drug-resistance in three NF1 tumor cell lines.

Research Implications/Conclusion:

Tumor cell lines showed only moderate drug-sensitivity to the only approved NF1 drug Selumetinib. Furthermore, the NF1 tumor cell lines had drug-resistance to anthracyclines (i.e. doxorubicin) – a common class of chemotherapeutic for MPNST, and a variety of other metastatic cancers.

- Noteworthy compounds with drug-sensitivity in NF1 tumor cell lines
 - **Statins – Fluvastatin, Pitavasta**
 - o Simvastatin and lovastatin have been used in early clinical trials in NF1 children (autism, cognitive defects, attention impairment), 12 weeks (appeared effective) – longer study needed for tumor effects
 - **Mycophenolic acid and the prodrug mycophenolate mofetil**
 - o Acts as Inosine 5'-Monophosphate Dehydrogenase (IMPDH) inhibitor
 - o Used supported in a glioma meta-analysis - DOI: 10.1007/s40265-021-01668-x
 - **Secoisolaricresinol (SECO)** (derived from flax seeds)
 - o In clinical trial for breast cancer (Phase IIB)
 - o In vitro SECO can re-sensitize cancer cells during doxorubicin chemotherapy DOI: 10.7717/peerj.9163
 - o Decreases local inflammation, suppresses NFkB signaling, and inhibits mammary tumor growth in mice DOI: 10.1007/s10549-018-5021-6
 - **Verteporfin**
 - o In vitro can effectively sensitize NF1 related pNF tumor cells to selumetinib doi: 10.7150/ijms.78386
 - o inhibits growth of human glioma in vitro without light activation doi.org/10.1038/s41598-017-07632-8
 - o Photoactivated porphyrin In clinical trials - NCT04590664, Verteporfin for the Treatment of Recurrent High Grade EGFR-Mutated Glioblastoma
 - **SSRIs - Clomipramine, Duloxetine**
 - o Serotonin receptor signaling in cancer cells is a known mTOR mechanism doi: 10.7150/thno.55986

Future Work/Acknowledgements:

We are currently expanding the work to include drug combinations. We are looking at a Bayesian approach for the biomarker Chromosome 8q-gain associated with MPNSTs – and have a drug list for this biomarker.

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